



McANDREWS, HELD & MALLOY
34TH FLOOR
500 WEST MADISON STREET
CHICAGO, ILLINOIS 60661

RECEIVED
CENTRAL FAX CENTER

NOV 02 2005

ARO PLEASE DELIVER RETURN RECEIPT TO
PATRICIA E. WILSON

TELEPHONE: (312) 775-8000

FACSIMILE: (312) 775-8100

Certificate of Transmission under 37 CFR 1.8

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: Examiner S.H. Azarian
Group Art Unit 2625

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

USER ID: 8084

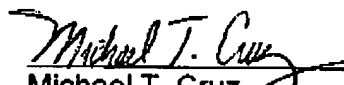
CLIENT: 1772

MATTER: 14484US01

Number of Pages This Transmission (Including Cover Page): 6

***THIS IS THE SECOND RESUBMISSION BECAUSE THE FIRST AUTO-
REPLY FACSIMILE TRANSMISSION FROM THE PTO DID NOT
REFLECT HAVING RECEIVED 6 PAGES, AND THE SECOND AUTO-
REPLY FACSIMILE TRANSMISSION FROM THE PTO DID NOT
REFLECT HAVING RECEIVED 6 PAGES.***

I hereby certify that the attached correspondence is being sent via facsimile transmission to the United States Patent and Trademark Office on November 2, 2005.


Michael T. Cruz
Reg. No. 44,636

If you have problems receiving this facsimile transmission,
please contact Patricia E. Wilson (Ext. 8148) at the above number.

PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number		10/085,468			
(to be used for all correspondence after initial filing)		Filing Date		February 28, 2002			
		First Named Inventor		A.D. Danielson			
		Art Unit		2625			
		Examiner Name		S.H. Azarian			
Total Number of Pages in This Submission		5		Attorney Docket Number		14484US01	
ENCLOSURES (check all that apply)							
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplemental Amendment - 4 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):			
Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm		McAndrews Held & Malloy, Ltd.					
Signature		<i>Michael T. Cruz</i>					
Printed Name		Michael T. Cruz					
Date		November 2, 2005					
CERTIFICATE OF FAX TRANSMITTAL							
I hereby certify that this correspondence is being sent via facsimile to Examiner S.H. Azarian at the United States Patent and Trademark Office, fax No. 571 273 8300, on November 2, 2005.							
Name (Print/type)		Michael T. Cruz		Registration No. (Attorney/Agent)		44,636	
Signature		<i>Michael T. Cruz</i>		Date		November 2, 2005	

RECEIVED
CENTRAL FAX CENTER

NOV 02 2005